



**State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES**

TALLAHASSEE, FLORIDA 32399-0500

FRED O. DICKINSON
Executive Director

**INFORMATION ON APPLYING FOR A FLORIDA TITLE AND
PURCHASING OR TRANSFERRING A FLORIDA LICENSE PLATE**

To Whom It May Concern:

In response to your request, enclosed are application forms for a certificate of title and purchasing or transferring a license plate.

The application must be completed in full detail using first name, middle/maiden name and last name (name on application must correspond with name on proof of ownership). A residency or business street address in Florida must be provided. Postal Box addresses alone are not acceptable.

Enter the date and sex of the registered owner in the spaces provided on the application. In cases of joint ownership, use the date of birth and sex of the person listed first. If the owner is not a natural person, enter "6-30" for date of birth and "C" for sex.

The Florida driver license number, Florida identification card number, or federal employer identification number of the owner listed first must be entered in the space provided on the application. A driver's license number is not required for vehicles not owned by a natural person.

The vehicle identification number on all used vehicles brought in from out-of-state must be verified. The VIN verification portion on the HSMV 82040 must be completed.

Application for title must be accompanied by acceptable proof of ownership. For acceptable proofs, see item 12 on the enclosed License Plate Rate Instruction sheet, form HSMV 83140. Proof of ownership must be in the name of the applicant or properly assigned to the applicant. Proof of ownership will be retained.

Information on Applying for a Florida Title and
Purchasing or Transferring a Florida License Plate
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License plates for private passenger cars and lightweight trucks (under 5000 lb.) are transferable to similar or lesser weight vehicles without additional tax, transfer fee or refund, provided a \$4.10 service fee and application for transfer are submitted.

Florida Sales Tax on the purchase of the vehicle may be due. Refer to the enclosed materials. Use the enclosed rate sheet to calculate remittance due. All declaration and/or exemption regarding sales tax on a vehicle must be recorded on the reverse side of form HSMV 82040.

In addition to the Florida Sales Tax, there may be a discretionary sales surtax imposed by counties to residents of that county. The discretionary sales surtax is based on the first \$5,000 of the purchase price. Refer to the enclosed material for participating counties.

Proof of purchase or required Personal Injury Protection (PIP) insurance and Liability insurance must accompany the application. Refer to the enclosed form HSMV 83330. You may submit an approved identification card, policy, binder or affidavit. Florida military members stationed outside Florida should refer to Military Insurance Exemption Information.

Applications must be submitted to the Tax Collector in your Florida county of residence. Refer to the enclosed directory for the appropriate address.

The personnel at the county level have all the necessary forms, knowledge and experience so that your application may be processed without unnecessary delays.

For further information or assistance, you may call the Customer Service Center at (850) 922-9000.

Correspondence Section
Bureau of Titles and Registrations
Division of Motor Vehicles

Enclosures

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610

APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

APPLICATION: ☐ ORIGINAL ☐ TRANSFER: ☐ OFF-HWY. VEHICLE ☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL

1 OWNER / APPLICANT INFORMATION

Customer Number	Unit Number	Fleet Number
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☐ OR ☐ AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and".

Owner's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Co-Owner's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Lessee's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Owner's Mailing Address (Mandatory)	City	State	Zip
Co-Owner's or Lessee's Mailing Address (Mandatory)	City	State	Zip
Owner's or Lessee's Street Address in Florida (Mandatory)	City	State	Zip
Mail to Customer Name (If Different From Above Owner)	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Mail to Customer Address (If Different From Above Mailing Address)	City	State	Zip

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	Florida Title Number
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Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length Ft in.	BHP/CC	GVW/LOC	Florida Current Date of Issue
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TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Airboat <input type="checkbox"/> Sailboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe <input type="checkbox"/> Other <u>Specify</u>	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other <u>Specify</u> <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel	PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other <u>Specify</u> <input type="checkbox"/> Sail <input type="checkbox"/> Air Propelled	FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other <u>Specify</u>	*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats
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USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Exempt <input type="checkbox"/> Government <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Commercial Other	Owner Are you a Florida resident? Are you an alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Owner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:
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Previously Federally Documented Vessel, Attach Copy of:

☐ U.S. Coast Guard Release From Documentation Form; or ☐ Copy of Canceled Documentation Papers

State of Principal Use

3 BRANDS AND USAGE (Check Applicable Boxes)

☐ SHORT TERM LEASED ☐ LONG TERM LEASED ☐ REBUILT ☐ POLICE VEHICLE ☐ PRIVATE USE ☐ TAXI CAB ☐ FLOOD VEHICLE
☐ ASSEMBLED FROM PARTS ☐ REPLICA ☐ KIT CAR ☐ GLIDER KIT ☐ MANUFACTURER'S BUY BACK

4 LIENHOLDER INFORMATION

Check if ELT Customer <input type="checkbox"/>	Customer # or FEID/Suffix # or DL# and Sex and Date of Birth	Date of Lien	Lienholder Name
Lienholder Address	City	State	Zip

☐ If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____
(Does not apply to Vessels) If box above is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW WAS VEHICLE, MOBILE HOME, VESSEL ACQUIRED? ☐ SALE ☐ GIFT ☐ REPOSSESSION ☐ COURT ORDER

☐ OTHER SPECIFY _____ DATE ACQUIRED _____ ☐ NEW ☐ USED _____

6 ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment

I STATE THAT THIS MOTOR VEHICLE'S ☐ 5 DIGIT OR ☐ 6 DIGIT ODOMETER NOW READS ☒ (no tenths) MILES, DATE READ ____ / ____ / ____ AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE **ACTUAL MILEAGE** OF THE VEHICLE DESCRIBED IN THIS DOCUMENT, **UNLESS ONE OF THE FOLLOWING IS CHECKED:**

CAUTION:
DO NOT CHECK ☐ 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE **IN EXCESS OF ITS MECHANICAL LIMITS.**

IF ACTUAL MILEAGE ☐ 2. I HEREBY CERTIFY THAT THE ODOMETER READING **IS NOT THE ACTUAL MILEAGE.** WARNING - ODOMETER DISCREPANCY

7 DEALER SALES TAX REPORT

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
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8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: _____
(Vehicle Identification Number)

DATE _____	SIGNATURE _____	PRINTED NAME _____
Law Enforcement Officer Or Florida Dealer's Name _____	Badge# or Florida Dealer # _____	
DMV/Tax Collector Employee _____	Florida Compliance Examiner/Inspector Badge or ID Number _____	Notary Stamp or Seal
COMMISSIONED NAME OF FLORIDA NOTARY: _____	NOTARY'S SIGNATURE _____	
(Print, type or Stamp)		

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER _____

☐ PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE

☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL _____

SALES TAX REGISTRATION NUMBER _____

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: ☐ INHERITANCE ☐ GIFT

☐ DIVORCE DECREE ☐ TRANSFER BETWEEN HUSBAND AND WIFE ☐ EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")

☐ OTHER: (EXPLAIN) _____

NOTE: ANY PRESUMPTION, REGARDING THE TAXABILITY OF AIRCRAFT, BOATS, MOBILE HOMES, MOTOR VEHICLES, OR OTHER VEHICLES OF A CLASS OR TYPE REQUIRED TO BE REGISTERED, LICENSED, TITLED OR DOCUMENTED IN THIS STATE OR BY THE UNITED STATES GOVERNMENT, ESTABLISHED BY RULE 12A-1.007, F.A.C., MAY BE REBUTTED ONLY BY CLEAR AND CONVINCING EVIDENCE TO THE CONTRARY. DECLARATIONS AFTER-THE-FACT ARE OF LITTLE VALUE AS EVIDENCE BECAUSE OF THEIR SELF-SERVING NATURE AND WILL BE GIVEN LITTLE WEIGHT.

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATION(S) IS MADE BY THE APPLICANT:

☐ I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION. PROOF OF A LIEN INSTRUMENT IS NOT REQUIRED FOR A MOTOR VEHICLE OR MOBILE HOME.

☐ (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE.

☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED. ☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE.

☐ OTHER: (EXPLAIN) _____

12 APPLICATION ATTESTMENT AND SIGNATURES

I/WE PHYSICALLY INSPECTED THE ODOMETER AND I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

_____ SIGNATURE OF APPLICANT (OWNER)	Date _____	_____ SIGNATURE OF APPLICANT (CO-OWNER)	Date _____
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13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s), state as follows: That _____ of _____ County, Florida died on the _____ day of _____, 20_____. ☐ testate (with a will) ☐ intestate (without a will) and left surviving (him/her) the following beneficiaries:

Signature(s) of surviving spouse, co-owner and/or heirs. More than one form HSMV 82040 may be used for additional signatures.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Print or Type Name of Spouse, Co-owner or Heir(s)	Signature of Spouse, Co-Owner or Heir(s)
_____	_____
_____	_____
_____	_____

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. That the estate is not indebted, and the assets of the estate, excluding this motor vehicle, mobile home or vessel are sufficient to pay all just claims and that no probate proceedings have been instituted upon the estate. That the person(s) signing above hereby releases all their right, title, interest and claim as heirs at law, legatees, devisee, or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant (Print or Type)



STATE OF FLORIDA
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

TIP 93-07

March 10, 1993

REGISTRATION OF MOTOR VEHICLES BY MILITARY PERSONNEL

Beginning March 17, 1993, when a member of the United States military who is a permanent resident of the State of Florida with a permanent address in the State of Florida seeks to register or title any aircraft, boat, mobile home, motor vehicle, or other vehicle in Florida which was purchased outside the State of Florida the transaction is subject to Florida sales and use tax.

A credit is allowed to a person who as purchaser provides documentary evidence that a lawfully imposed sales or use tax has been paid to another state, territory of the United States, or the District of Columbia on any aircraft, boat, mobile home, motor vehicle, or other vehicle. The credit shall be the amount of legally imposed sales and use tax paid to another state, territory of the United States, or the District of Columbia. A foreign tax will not be recognized by the State of Florida in arriving at the tax due.

Florida sales and use tax is due on any aircraft, boat, mobile home, motor vehicle, or other vehicle imported from a foreign country into this state for use, consumption, distribution, or storage to be used or consumed in Florida without regard to the length or use in a foreign country.

Aircraft, boats, mobile homes, or motor vehicles which have been used in other states, U.S. territories, or the District of Columbia for six months or longer are not subject to Florida sales and use tax. In order to establish exemption from Florida sales and use tax, the current owner must be able to provide documentation that he meets each of the following conditions:

1. The current owner must have owned the aircraft, boat, mobile home, motor vehicle, or other vehicle for six (6) months or longer, and
2. The aircraft, boat, mobile home, motor vehicle, or other vehicle must be used for six (6) months or longer in other states, U.S. territories, or District of Columbia, and
3. The use must have been under conditions which would lawfully give rise to the taxing jurisdiction of another state, territory or the District of Columbia.

If you have any questions about the topics covered by this notice, please call the Division of Taxpayer Assistance Division at 1-800-FLA-DOR1 (1-800-352-3671) or (850) 488-6800 and, for the hearing or speech impaired, TDD at 1-800-DOR-TDD1 (1-800-367-8331). Written inquiries should be addressed to: Division of Taxpayer Assistance, Post Office Box 7443, Tallahassee, Florida 32314-7443.

TAX COLLECTORS MAILING LIST

ALACHUA COUNTY 5801 NW 34TH ST. GAINESVILLE, FL 32653 (352) 374-5263 FAX#(352) 374-5200	COLLIER COUNTY 3301 E TAMIAMI TRL BLDG.C-1 NAPLES, FL 34112 (239) 774-8177 FAX# (239) 774-9327	GILCHRIST COUNTY 112 S. MAIN ST TRENTON, FL 32693 (352) 463-3178 FAX# (352) 463-3177	INDIAN RIVER COUNTY PO BOX 610 VERO BEACH, FL 32961-0610 (772) 567-8000 EXT.338 FAX#772-770-5009
BAKER COUNTY 81 N THIRD ST. MACCLENNY, FL 32063 (904) 259-6880 FAX# (904) 259-2279	COLUMBIA COUNTY 135 NE HERNANDO AVE,STE.125 LAKE CITY, FL 32055 (386) 758-1077 FAX# (386) 719-7460	GLADES COUNTY P O DRAWER 1589 MOORE HAVEN, FL 33471 (863) 946-0626 FAX#(863) 946-3295	JACKSON COUNTY PO BOX 697 MARIANNA, FL 32447 (850) 482-9653 FAX# (850) 526-3821
BAY COUNTY PO BOX 2285 PANAMA CITY, FL 32402 (850) 784-4090 FAX# (850)784-6180	DADE COUNTY 140 W FLAGLER ST. MIAMI, FL 33130 (305) 375-5678 FAX #(305) 372-6335	GULF COUNTY 1000 CECIL G COSTIN SR. BLVD PORT ST. JOE, FL 32456 (850) 229-6116 FAX# (850) 229-9224	JEFFERSON COUNTY 170 NORTH JEFFERSON ST. MONTICELLO, FL 32344 (850) 342-0147 FAX# (850) 342-0149
BRADFORD COUNTY PO BOX 969 STARKE, FL 32091 (904) 966-6235 FAX# (904) 964-9063	DESOTO COUNTY PO BOX 729 ARCADIA, FL 34265 (863) 993-4863 FAX# 863-993-4863	HAMILTON COUNTY 207 NE FIRST ST. RM.104 JASPER, FL 32052 (904) 792-1284 FAX# (904) 792-0878	LAFAYETTE COUNTY PO BOX 96 MAYO, FL 32066-0096 (386) 294-1961 FAX# (386)294-2462
BREVARD COUNTY PO BOX 850 TITUSVILLE, FL 32781-0850 (321) 264-6935 FAX# (321) 264-6995	DIXIE COUNTY PO DRAWER 5040 CROSS CITY, FL 32628-5040 (352) 498-1213 FAX# (352) 498-1259	HARDEE COUNTY 315 N 6TH AVE. WAUCHULA, FL 33873-0455 (863) 773-6365 FAX# 863-773-9679	LAKE COUNTY P O BOX 268 TAVARES, FL 32778-0268 (352) 343-9602 FAX# (352)253-6058
BROWARD COUNTY 815 NE 13 ST. FT. LAUDERDALE, FL 33304 (954) 765-4697 FAX# (954) 765-4651	DUVAL COUNTY 231 E FORSYTH ST RM 300 JACKSONVILLE, FL 32202 (904) 630-1916 FAX#(904) 630-2923	HENDRY COUNTY PO BOX 1780 LABELLE, FL 33975-1780 (863) 675-5280 FAX#863-674-4087	LEE COUNTY 2480 THOMPSON ST. FT MYERS, FL 33901 (941) 339-6022 FAX#(941) 339-6032
CALHOUN COUNTY 20859 CENTRAL AVE E RM.107 BLOUNTSTOWN, FL 32424 (850)674-8242 FAX#(850)674-5116	ESCAMBIA COUNTY PO BOX 1312 PENSACOLA, FL 32591 (850) 438-6500 EXT.252 FAX# (850) 434-2733	HERNANDO COUNTY 20 N MAIN ST., RM. 112 BROOKSVILLE, FL 34601-2892 (352) 754-4180 FAX# (352)754-4189	LEON COUNTY PO BOX 1835 TALLAHASSEE, FL 32302 (850) 488-4735 FAX# (850) 488-7828
CHARLOTTE COUNTY 18500 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 (941) 637-2141 FAX# (941) 637-2276	FLAGLER COUNTY PO BOX 846 BUNNELL, FL 32110 (904) 437-7424 FAX# (904) 437-7426	HIGHLANDS COUNTY 540 S. Commerce Ave Sebring, FL 33870-3867 (863) 402-6685 Fax#863-402-6709	LEVY COUNTY P O BOX 250 BRONSON, FL 32621-0250 (352) 486-5171 FAX# (352) 486-5181
CITRUS COUNTY 110 N APOPKA AVE RM. 160 INVERNESS, FL 34450-4261 (352) 341-6510 FAX# (352)341-6513	FRANKLIN COUNTY PO DRAWER 188 APALACHICOLA, FL 32329 (850) 653-9323 FAX# (850)653-2529	HILLSBOROUGH COUNTY 2506 N. FALKENBURG RD TAMPA, FL 33619 (813) 635-5247 FAX# (813) 612-6784	LIBERTY COUNTY PO BOX 400 BRISTOL, FL 32321 (850) 643-2442 FAX# (850) 634-3755
CLAY COUNTY PO BOX 218 GREEN COVE SPGS, FL 32043 (904) 284-6320 FAX# (904)529-3608	GADSDEN COUNTY PO BOX 817 QUINCY, FL 32353-0817 (850) 627-7255 FAX# (850) 875-8722	HOLMES COUNTY 201 N OKLAHOMA ST. BONIFAY, FL 32425 (850) 547-1115 FAX (850) 547-0202	MADISON COUNTY 112 E PINCKNEY ST. RM. 102 MADISON, FL 32340 (850) 973-6136 FAX#(850) 973-3116

MANATEE COUNTY 819 301 BLVD W BRADENTON, FL 34205-7906 (941)741-4800 FAX# (941) 741-3584	PASCO COUNTY P O BOX 276 DADE CITY, FL 33526-0276 (352) 521-4360 FAX#(352)521-4275	SUWANNEE COUNTY 215 PINE AVE. SW,STE.A LIVE OAK, FL 32060 (904) 362-2816 FAX# (904) 364-3713
MARION COUNTY PO BOX 1178 OCALA, FL 34478 (352) 368-8230 FAX# (352) 368-2186	PINELLAS COUNTY PO BOX 749 CLEARWATER, FL 33757-0749 (727) 562-3262 FAX# (727) 562-3261	TAYLOR COUNTY P O BOX 30 PERRY, FL 32348 (850) 838-3517 FAX# (850) 838-3518
MARTIN COUNTY PO BOX 9013 STUART, FL 34995 (772) 288-5600 FAX# (772) 288-5975	POLK COUNTY P O DRAWER 1779 BARTOW, FL 33850 (863) 534-4711 FAX# (863) 534-4735 or 863-534-4717	UNION COUNTY 55 WEST MAIN ST., COURTHOUSE, RM#108 LAKE BUTLER, FL 32054 (386) 496-3331 FAX#(386) 496-1842
MONROE COUNTY PO BOX 1129 KEY WEST, FL 33040 (305) 295-5080 FAX#(305) 295-5022	PUTNAM COUNTY PO DRAWER 1339 PALATKA, FL 32178-1339 (386) 329-0285 FAX# 386-329-0886	VOLUSIA COUNTY 250 N BEACH ST. RM#101 DAYTONA BCH, FL 32114 (386)254-4626 FAX#(386) 254-4638
NASSAU COUNTY PO BOX 708 FERNANDINA BCH, FL 32035-0708 (904) 261-5566 FAX# 904-261-3231	ST JOHNS COUNTY PO BOX 9001 ST AUGUSTINE, FL 32085-9001 (904) 823-2280 FAX# (904) 823-2283	WAKULLA COUNTY PO BOX 280 CRAWFORDVILLE, FL 32326-0280 (850) 926-3371 FAX# (850) 926-2035
OKALOOSA COUNTY 203 W JOHN SIMS PKWY, STE.1 NICEVILLE, FL 32578 (850) 651-7300 FAX# (850) 609-4005	ST LUCIE COUNTY PO BOX 308 FT PIERCE, FL 34954-0308 (772) 462-1653 FAX# (772-462-1968	WALTON COUNTY 49 N SIXTH ST. DEFUNIAK SPGS., FL 32433 (850) 892-8121 FAX# (850) 892-8079
OKEECHOBEE COUNTY 307 NW FIFTH AVE #B OKEECHOBEE, FL 34972-2571 (863) 763-3421 FAX# (863) 763-2426	SANTA ROSA COUNTY PO BOX 7100 MILTON, FL 32572 (850)983-1800 FAX# (850)623-8655	WASHINGTON COUNTY P O BOX 1038 CHIPLEY, FL 32428-1038 (850) 638-6275 FAX# (850) 638-6067
ORANGE COUNTY 2110 W COLONIAL DR ORLANDO, FL 32804 (407)836-4145 FAX# (407) 836-4108	SARASOTA COUNTY 101 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236-6993 (941) 861-8300 FAX# (941) 861-8353	
OSCEOLA COUNTY PO BOX 422105 KISSIMMEE, FL 34742-2105 (407) 343-4001 FAX# (407)343-3995	SEMINOLE COUNTY PO BOX 630 SANFORD, FL 32772-0630 (407) 665-1000 FAX (407) 665-7922	
PALM BEACH COUNTY PO BOX 3715 W PALM BCH., FL 33402-3715 (561) 355-2622 FAX# (561) 355-4123	SUMTER COUNTY 209 N FLORIDA STREET,RM#109 BUSHNELL, FL 33513 (352) 793-0265 FAX (352-568-1395	

DISCRETIONARY SALES SURTAX
(APPLIES TO THE FIRST \$5,000 OF THE TRANSACTION)

COUNTY	COUNTY NUMBER	DISCRETIONARY SALES SURTAX	EFFECTIVE DATE
Baker	52	1%	01/94
Bay	23	1% (<u>1/2 %</u> , effective 05/03)	05/98
Bradford	45	1%	03/93
Calhoun	58	1%	01/93
Charlotte	53	1%	04/95
Clay	48	1%	02/90
Columbia	29	1%	08/94
Dade	01	1/2% (<u>1%</u> , effective 01/01/03)	01/92
DeSoto	34	1%	01/88
Dixie	54	1%	04/90
Duval	02	1%	01/01/01
Escambia	09	1-1/2%	01/98
Flagler	61	1%	<u>01/01/03-12/2012</u>
Gadsden	21	1%	01/88
Gilchrist	55	1%	10/92
Glades	60	1%	02/92
Gulf	66	1/2%	07/97
Hamilton	56	1%	07/90
Hardee	30	1%	01/98
Hendry	49	1%	01/88
Hernando	40	1/2%	01/99- <u>12/03</u>
Highlands	27	1%	11/89
Hillsborough	03	1%	10/01/01
Holmes	51	1%	10/95
Indian River	32	1%	06/89
Jackson	25	1-1/2%	07/96
Jefferson	46	1%	06/88- <u>05/03</u>
Lafayette	62	1%	09/91
Lake	12	1%	01/88
Leon	13	1% (<u>1-1/2%</u> , effective 01/01/03)	12/89
Levy	39	1%	10/92
Liberty	67	1%	11/92
Madison	35	1%	08/89
<u>Manatee</u>	<u>15</u>	<u>1/2%</u>	<u>01/01/03</u>
<u>Marion</u>	<u>14</u>	<u>1%</u>	<u>01/01/03</u>
Monroe	38	1-1/2%	01/96
Nassau	41	1%	03/96
Okeechobee	57	1%	10/95
<u>Orange</u>	<u>7</u>	<u>1/2%</u>	<u>01/01/03</u>
Osceola	26	1%	09/90
Pinellas	04	1%	02/90
<u>Putnam</u>	<u>22</u>	<u>1%</u>	<u>01/01/03</u>
Santa Rosa	33	1/2%	10/98
Sarasota	16	1%	09/89
Seminole	17	1%	01/01/02
St Lucie	24	1/2%	07/96
Sumter	44	1%	01/93
Suwannee	31	1%	01/88
Taylor	37	1%	08/89
Union	63	1%	02/93-12/05
Volusia	08	1/2%	01/01/02
Wakulla	65	1%	01/88
Walton	36	1%	02/95
Washington	50	1%	11/93

FLORIDA SIX PERCENT (6%) SALES TAX IS APPLICABLE IN ADDITION TO THE ABOVE DISCRETIONARY SALES SURTAX

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building -- Tallahassee, FL 32399-0620

INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY	PREV. STATE	TITLE NO.
The applicant claims exemption from the \$100.00 Initial Registration Fee imposed on the initial application for registration on a motor vehicle.					

PLEASE CHECK THE APPROPRIATE BOX AND SIGN

*OFFICIAL USE ONLY
*N
*B
*M
*F
*O
*A

The applicant claims exemption from the \$100.00 Initial Registration Fee imposed on the initial application for registration of a motor vehicle and, is attesting that:

- ☐ I am a member of the U. S. Armed Forces, or his or her spouse or dependent child, who is not a resident and is stationed in the state of Florida on military orders. Provide verification of military I.D. card.
- ☐ I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment and discharge. I am applying for registration within 6 months after discharge and I am submitting a copy of the Discharge Order (DD214).
- ☐ I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Provide verification of military I.D. card.
- ☐ I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life or is listed as "Missing in Action". A proof of death notification or MIA status is attached. NOTE: The member of the Armed Forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.
- ☐ I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased a motor vehicle while stationed outside of Florida, and who continues to be stationed outside of Florida.
- ☐ I certify that the registration being transferred is from a vehicle that is not operational, is in storage, or will not be operated on the streets and highways of this state.

***EXEMPTION CODE MUST BE ENTERED INTO THE SYSTEM TO RECORD EXEMPTION**

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Owner

Printed Name of Owner

Date

THIS FORM SHOULD BE USED WHEN:

An exemption is claimed for the \$100.00 Initial Registration Fee by members of the U.S. Armed Forces, their spouse, or dependent child.

An exemption is claimed for the \$100.00 Initial Registration Fee and the registration being transferred is from a vehicle that is "not operational, in storage or will not be operated on the streets and highways of this state."

THIS FORM SHOULD NOT BE USED WHEN:

1. The U.S. Armed Forces member is not a resident or not assigned by military order to the state of Florida.
2. The former member of the U.S. Armed Forces has been discharged or separated from the U.S. Armed Forces more than six (6) months.
3. It has been more than one (1) year since the spouse or dependent child of a member of the Armed Forces has received notification of the member's death or status as "Missing in Action".
4. A U.S. Armed Forces member is dishonorably discharged or discharged for bad conduct.

FLORIDA INSURANCE AFFIDAVIT

I, _____ do hereby certify that I
Name of Insured
have: ☐ Personal Injury Protection ☐ Property Damage Liability, currently in effect with:

Insurance Company Name / Agent _____ Policy Number / Binder Number _____ Company Number (5 digits) _____
on the following described motor vehicle _____
Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I
HAVE READ THE FOREGOING DOCUMENT AND THAT
THE FACTS STATED IN IT ARE TRUE.**

Signature of Insured
PURSUANT TO S. 320.02, F.S.

HSMV 83330 (Rev. 11/99) S

**MANDATORY FLORIDA NO-FAULT INSURANCE IS
REQUIRED TO BE MAINTAINED CONTINUOUSLY
THROUGHOUT THE ENTIRE REGISTRATION PERIOD.**

**FAILURE TO MAINTAIN THE REQUIRED COVERAGE
COULD RESULT IN SUSPENSION OF YOUR DRIVER
LICENSE, LICENSE PLATE, AND REGISTRATION.**

PURSUANT TO SECTION 627.733, FLORIDA STATUTES

HSMV 83330 (Rev. 11/99) S

MILITARY INSURANCE EXEMPTION INFORMATION

The exemption for providing proof of Florida insurance applies in the following circumstances:

1. The military member is an owner, co-owner or registrant.

or

2. The military member is a Florida resident stationed outside Florida.

All of the following is required:

1. An out-of-state mailing address (which will be shown on the Florida Vehicle Registration Certificate) for the military member.
2. The military member's Florida address of residence, which will be shown in the DMV database.
3. A copy of the military orders.

or

An affidavit from the military member's commanding officer that confirms the member's military orders and the date of assignment.

4. An affidavit stating the vehicle is being maintained in the member's state of military assignment and will not be driven in the state of Florida, except in a transient visitor status (see sample below).

AFFIDAVIT

I, _____ certify that my vehicle is maintained in the
(Name of Military Member)

state of _____, where I am on military orders and will not be driven in the state of

Florida, except in a transient visitor status.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THIS DOCUMENT AND
THE FACTS STATED IN IT ARE TRUE.

(Signature of Military Member)

**THIS EXEMPTION DOES NOT APPLY TO VEHICLES REGISTERED SOLELY IN THE NAME OF
A NON-MILITARY SPOUSE OR DEPENDENT(S) OF THE MILITARY MEMBER.**

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0620

License Plate Rate Chart

*** REFER TO ADDITIONAL FEE EXPLANATION (Page 2)

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	NET WEIGHT IN POUNDS	ANNUAL TAX AND OTHER FEES *	
Yes	01	Automobiles, private use	Thru 2499	\$ 27.60	Full amount is charged for the registration period regardless of when during the registration period the vehicle is registered.
Yes	01	Automobiles, private use	2500-3499	35.60	
Yes	01	Automobiles, private use	3500 Up	45.60	
Yes	31	Trucks, private and commercial use	Thru 1999	27.60	
Yes	31	Trucks, private and commercial use	2000-3000	35.60	
Yes	31	Trucks, private and commercial use	3001-5000	45.60	
Yes	42	Chassis Mount Camper, unit affixed to truck chassis	Thru 4499	31.60	
Yes	42	Chassis Mount Camper, unit affixed to truck chassis	4500 Up	46.60	
Yes	42	Motor Home, living unit self-propelled	Thru 4499	31.60	
Yes	42	Motor Home, living unit self-propelled	4500 Up	46.60	
Yes	42	Private Motor Coach	Thru 4499	31.60	
Yes	42	Private Motor Coach	4500 Up	46.60	
**	52	Trailers, private use	Thru 500	16.60	
Yes	56	Trailers, drawn by "GVW" series truck-tractors		21.60	
Yes	62	Camp Trailers, constructed with folding walls		21.60	
No	70	Transporter		86.60	
Yes	77	Travel Trailer, up to 35 ft.		31.60	
Yes	96	Boy Scouts, Churches, etc.		14.60	
Yes	97	Exempt Government License Plates		12.60	

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	LENGTH IN FEET	ANNUAL TAX AND OTHER FEES*	HALF YEAR TAX AND OTHER FEES*	QUARTER YEAR TAX AND OTHER FEES *
Yes	51	Mobile Homes	Up to 35	25.10	15.10	10.10
Yes	51	Mobile Homes	36 thru 40	30.10	17.60	11.35
Yes	51	Mobile Homes	41 thru 45	35.10	20.10	12.60
Yes	51	Mobile Homes	46 thru 50	40.10	22.60	13.85
Yes	51	Mobile Homes	51 thru 55	45.10	25.10	15.10
Yes	51	Mobile Homes	56 thru 60	50.10	27.60	16.35
Yes	51	Mobile Homes	61 thru 65	55.10	30.10	17.60
Yes	51	Mobile Homes	66 & Up	85.10	45.10	25.10
No	65	Motorized and Disability Access Vehicles		24.10	19.10	19.10
**	65	Motorcycles		24.10	19.10	19.10
No	69	Mopeds, pedal activated motor not more than 1 1/2 BHP		19.10	19.10	19.10
No	71	Franchised Dealer's License Plates		24.10	17.85	16.60
No	71	Independent Dealer's License Plates		24.10	17.85	16.60
No	71	Trailer Coach Dealer's License Plates		24.10	17.85	16.60
No	71	Motorcycle Dealer's License Plates		24.10	17.85	16.60
No	74	Marine Boat Trailer Dealer's License Plates		24.10	17.85	16.60
Yes	76	Park Trailers, regardless of length		36.60	24.10	17.85
Yes	78	Travel Trailers	Over 35	36.60	24.10	17.85
Yes	92	School Buses (privately owned), Hearses, Ambulances and Wreckers (garages in regular business)		41.60	26.60	19.10
Yes	94	Tractor Cranes, Power Shovels, Well Drillers and other such vehicles, so constructed and designed as a tool and not a hauling unit, used on the roads and highways incidental to the purpose for which designed		44.10	27.85	19.73
Yes	95	Antiques - Passenger Cars		20.60	18.10	18.10

License Plate Rate Chart (continued)

These categories are computed based on CWT (per each 100 pounds) and may be purchased for 12, 6, or 3 months. Add the flat fee plus \$ amount per each 100 pounds to determine the annual tax amount. Then compute one-half or one-quarter of the annual tax, if applicable. Add service and other fees.

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	WEIGHT	ANNUAL TAX FLAT (per cwt)	SERVICE AND OTHER FEES *
**	54	Trailers, "For Hire"	Thru 1999	\$ 2.50 + 1.00 + 11.60	
Yes	54	Trailers, "For Hire"	2000 Up	10.00 + 1.00 + 11.60	
Yes	09	Automobiles "For Hire"	Passengers up to 8	12.50 + 1.00 + 11.60	
Yes	09	Automobiles "For Hire" May be registered for ANY 6 month period for one-half annual tax and \$2.50 semi-annual fee.	Passengers up to 8	12.50 + 1.00 + 10.60	

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	MONTHLY PRORATION OF TAX											
		GVW	12	11	10	9	8	7	6	5	4	3	2	1
Yes	39	Forestry Trk-Trac	256.60	236.60	216.60	196.60	176.60	156.60	136.60	116.60	96.60	76.60	56.60	36.60
Yes	41	Trk-Trac 5001-5999	56.60	52.85	49.10	45.35	41.60	37.85	34.10	30.35	26.60	22.85	19.10	16.60
Yes	41	Trk-Trac 6000-7999	76.60	71.18	65.77	60.35	54.93	49.52	44.10	38.68	33.27	27.85	22.43	17.02
Yes	41	Trk-Trac 8000-9999	87.60	81.27	74.93	68.60	62.27	55.93	49.60	43.27	36.93	30.60	24.27	17.93
Yes	41	Trk-Trac 10000-14999	103.60	96.35	89.10	81.85	74.60	67.35	60.10	52.85	45.60	38.35	31.10	23.85
Yes	41	Trk-Trac 15000-19999	147.60	136.68	125.77	114.85	103.93	93.02	82.10	71.18	60.27	49.35	38.43	27.52
Yes	41	Trk-Trac 20000-26000	202.60	187.10	171.60	156.10	140.60	125.10	109.60	94.10	78.60	63.10	47.60	32.10
Yes	41	Trk-Trac 26001-34999	256.60	236.60	216.60	196.60	176.60	156.60	136.60	116.60	96.60	76.60	56.60	36.60
Yes	41	Trk-Trac 35000-43999	316.60	291.60	266.60	241.60	216.60	191.60	166.60	141.60	115.60	91.60	66.60	41.60
Yes	41	Trk-Trac 44000-54999	588.60	540.93	493.27	445.60	397.93	350.27	302.60	254.93	207.27	159.60	111.93	64.27
Yes	41	Trk-Trac 55000-61999	694.60	638.10	581.60	525.10	468.60	412.10	355.60	298.60	242.60	186.10	129.60	73.10
Yes	41	Trk-Trac 62000-71999	816.60	749.93	683.27	616.60	549.93	483.27	416.60	349.93	283.27	216.60	149.93	83.27
Yes	41	Trk-Trac 72000-80000	994.60	914.12	832.43	750.85	669.27	587.68	506.10	424.52	342.93	261.35	179.77	98.18
Yes	91	Antique Trk - 5000 lbs. Net Wt.	20.60	19.98	19.35	18.73	18.10	18.10	17.10	18.10	18.10	18.10	18.10	18.10
Yes	93	Goats	19.10	18.48	17.85	17.23	16.60	16.60	16.60	16.60	16.60	16.60	16.60	16.60
Yes	102	Agri, Trk, Trac thru 43999	81.60	76.18	70.77	65.35	59.93	54.52	49.10	43.68	38.27	32.85	27.43	22.02
Yes	102	Agri, Trk, Trac 44000 – 80000	256.60	236.60	216.60	196.60	176.60	156.60	136.60	116.60	96.60	76.60	56.60	36.60

These categories are computed based on CWT (per each 100 pounds) and may be monthly prorated. Add the flat fee plus \$ amount per each 100 pounds to determine the annual tax amount. Divide by 12 months to determine the tax per month. Then compute the tax by multiplying the monthly rate times the number of tax months due and add the service and other fees to determine the total amount.

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	NET WEIGHT IN POUNDS	ANNUAL TAX FLAT (per cwt)	SERVICE AND OTHER FEES *
**	53	Trailers, Private Use	501 Up	\$ 2.50 + .75 + 11.60	
Yes	36	Buses May be registered semi-annually for one-half of registration tax and \$2.50 semi-annual fee.	Passengers 9 Up	12.50 + 1.50 + 11.60	

FEES: * \$.10 Emergency Medical Services \$1.00 Air Pollution Control \$2.00 Advanced Replacement
 \$.50 Reflectorization \$1.00 Law Enforcement Radio System \$2.50 Accident Records
 \$.50 FRVIS \$1.50 Transportation Disadvantaged \$2.50 Service Charge
 \$1.00 Juvenile Justice \$2.00 Surcharge for State Transportation \$5.00 State Transportation
 \$1.00 Decal on Demand

** Trailers through 1999 pounds, motorcycles 2 BHP or less, OR 50 CC or less are **NOT** required to be titled.

*** Add \$10.00 when metal license plate is to be issued.

Add \$100.00 Initial Registration Fee when applicable. Refer to License Plate Rates Instruction Sheet for additional information.

LICENSE PLATE RATES INSTRUCTION SHEET

I. REGISTRATION PERIODS

The 12 month registration period begins the first day of the owner's birthmonth (Exceptions: Company owned vehicles use the month of June; Lease companies are staggered based on first alpha character of company name, truck-tractors, semi-trailers, buses and mobile homes use a December birthmonth). If the rate chart indicates annual, half year and quarter year fee calculations, you must determine the number of month's tax required. To determine the number of months of tax required, start with the month the vehicle was purchased or subject to registration and count through the month prior to the owner's birthmonth. Three months or less requires the quarter year rate, four to six months requires the half year rate, and over six requires the full year rate. (Example: You purchased your vehicle in November and your birthmonth is June, count a total of seven months (November through May) and the full year rate would be required.)

II. TRUCKS AND TRAILERS - WEIGHTS

For trucks weighing 5,000 lbs. or less, if the shipping weight is not available on the manufacturer's certificate of origin a certified weight affidavit from a weighing station is required. The gross vehicle weight (GVW) as declared by the owner, is required on all truck-tractors and trucks weighing over 5000 pounds.

For heavy trucks with net weight of 5001-7999 lbs., GVW is calculated by adding the net weight of the truck and the truck's load. For heavy trucks with net weight of 8000 lbs. up and truck-tractors, the GVW is calculated by adding the net weight of the truck or truck-tractor and it's load to the net weight of the trailer and it's load.

III. INITIAL REGISTRATION FEE

Imposed upon the initial application for registration of private automobiles, trucks 5,000 lbs. or less and motor homes.

The \$100.00 Initial Registration Fee does not apply to:

1. Any registration renewal transaction.
2. A transfer or exchange of a registration license plate for a motor vehicle that has been disposed of to a newly acquired motor vehicle in compliance with Sections 320.0609(2) or (5), Florida Statutes.
3. Any initial registration that occurs when a transfer of Florida title is processed between co-owners as provided by Section 319.22, Florida Statutes, or when a transfer of ownership by operation of law occurs as provided by Section 319.28, Florida Statutes. Additionally, the fee does not apply when the transfer of title occurs from a person to a member of that person's immediate family. Section 657.002, Florida Statutes, defines immediate family as parents, children, spouse, or surviving spouse of the member, or any other relative by blood, marriage, or adoption residing in the same household with the registered owner.
4. The registration of a motor vehicle owned by and operated exclusively for the personal use of:
 - a) Any member of the United States Armed Forces, or his/her spouse or dependent child, who is not a resident of this state and who is stationed in this state while in compliance with military orders.
 - b) Any former member of the United States Armed Forces, or his/her spouse or dependent child, who purchased such motor vehicle while stationed outside of Florida, who has separated from the Armed forces and was not dishonorably discharged or discharged for bad conduct, who was a resident of this state at the time of enlistment and at the time of discharge, and who applies for registration of such motor vehicle within 6 months after discharge.
 - c) Any member of the United States Armed Forces, or his/her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased such motor vehicle while stationed outside of Florida, and who is now reassigned by military order to this state.
 - d) Any spouse or dependent child of a member of the United States Armed forces who loses his life while on active duty or who is listed by the Armed Forces as "missing-in-action." Such spouse or child must be a resident of this state and the serviceman must have been a resident of this state at the time of enlistment. Registration of such motor vehicle must occur within 1 year of the notification of the serviceman's death or of his status as "missing-in-action."
 - e) Any member of the United States Armed Forces, or his/her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased a motor vehicle while stationed outside of Florida, and who continues to be stationed outside of Florida.
5. The registration of any motor vehicle owned or exclusively operated by the state or by any county, municipality or other governmental entity.
6. The registration of a truck defined as a "goat", or any other vehicle when used in the field by a farmer or in the woods for the purpose of harvesting a crop, including naval stores, during such harvesting operations, and which is not principally operated upon the roads of this state. The "goats" are registered under "class code 93".
7. The registration of an automobile or truck defined as "ancient" (the vehicle was manufactured in 1945 or earlier) or "antique" (the vehicle was manufactured beginning 1946 and of the age of 30 years or more after the date of manufacture), pursuant to s. 320.086(1) or (2), Florida Statutes.
8. The initial registration fee shall not apply to any newly acquired vehicle, upon submission of an affidavit, indicating that the previous vehicle (not disposed of) is not operational, or is in storage, or will not be operated on the streets and highways of this state.

CALCULATION OF FEES AND CHECK OFF LIST

ITEMS TO BE COMPLETED BEFORE SUBMITTING YOUR REQUEST

- | | | | |
|----|--|----|--|
| 1. | Enter the license plate fee from page 1 or 2..... | \$ | |
| | Add \$10.00 when new metal license plate is to be issued | \$ | |
| | Add \$100.00 Initial Registration Fee, and..... | \$ | |
| | Add \$.50 branch fee if processing through a county branch office. | \$ | |
| | If transferring a valid Florida license plate, see number six below. | | |
| | | | |
| 2. | Title fee (if applicable), enter \$29.25 for new vehicles or vehicles previously registered in Florida; \$33.25 for vehicles previously registered in another state;.... | \$ | |
| | Title not required on trailers through 1,999 lbs., motorcycles 2 BHP or less OR 50 CC or less, mopeds or motorized bicycles. | | |
| | Add \$.50 branch fee if processing through a county branch office. | \$ | |
| | | | |
| 3. | If recording a lien enter \$2.00..... | \$ | |
| | | | |
| 4. | If over 30 days from date of purchase enter \$10.00..... | \$ | |
| | | | |
| 5. | Enter a \$2.00 lemon law fee if application is for a new vehicle purchased or leased for one year or longer in the State of Florida and is a passenger car or truck with a gross vehicle weight of 10,000 pounds or less.
(Only applies to Florida Dealers and Leasing Companies) | \$ | |
| | | | |
| 6. | If transferring a valid Florida license plate to a replacement vehicle, enter \$4.10...
If additional transfer fee required, enter \$4.50 (any license plate transferred to or from any vehicle other than a passenger automobile or truck under 5,000 lbs. will require a transfer fee in addition to the regular tax and fees indicated above)..... | \$ | |
| | | | |
| 7. | Enter mail fee. (\$1.55 first class metal license plate; or for renewal decal \$.60). ... | \$ | |
| | | | |
| 8. | Must comply with separate sales tax notice enclosed.
If sales tax due enter amount. | \$ | |
| | If Dealer License Plate enter annual use tax of \$27.00 per license plate..... | \$ | |
| | | | |
| 9. | Amount due: Enter total of above lines 1-8. | \$ | |

OWNER'S CHECK OFF LIST

(BY EACH ITEM BELOW AFTER IT IS COMPLETED, PLACE A ☒ MARK)

- | | | |
|-----|---|--------------------------|
| 10. | Enter the total from line 9 on your check, made payable to your County License Plate Agency..... | <input type="checkbox"/> |
| | | |
| 11. | Proof of insurance enclosed (see attached insurance notice and affidavit). | <input type="checkbox"/> |
| | | |
| 12. | Proof of ownership: (Documents will be retained by Department). | <input type="checkbox"/> |
| | a.) New Cars: Manufacturer's certificate of origin from all states except the State of Nevada which also requires the dealer's report of sale form. | |
| | b.) Used Cars: (cars already registered in another state): Certificate of title if from a title state, or registration or other official document showing ownership must be submitted if from a non-title state or foreign country. | |
| | | |
| 13. | All required application forms completed and signed. | <input type="checkbox"/> |

**YOUR REQUEST WILL BE RETURNED UNPROCESSED UNLESS YOU HAVE COMPLIED
WITH ALL THE ABOVE INSTRUCTIONS.**